	PATENT	API					TION RECO	ORD	ŀ				~
Effective October 1, 2003								·	L	$\mathcal{L}(\mathcal{Y})$	4.8	307	2
CLAIMS AS FILED - PART I (Column 1) (Column 2)							lumn 2) :	SMAL TYPE	L E	NTITY	OF		R THAN
TOTAL CLAIMS								RAT	E	FEE	7	RATE	
FOR				NUMBER FILED		NUN	NUMBER EXTRA		FEE	385.00	OF	BASIC FE	E 770.00
TOTAL CHARGEABLE CLAIMS				minus 20=		•		XS S	=		OR	1.00	1
INDEPENDENT CLAIMS				minus 3 =		*		X43			1	1/00	-
MULTIPLE DEPENDENT CLAIM PR				RESENT			. 🗆	-	_		OR	7002	-
* If the difference in column 1 is less than zero, enter "0" in column							column 2	+145	=		JOR	+290=	
` .								TOTA	L		OR	TOTAL	
						(Column 3)	SMAL	L E	. YTITN	OR		THAN ENTITY	
AMENDMENT A	7-200	RE	CLAIMS EMAINING AFTER ENDMENT		HIGHI NUME PREVIO PAID F	BER	PRESENT EXTRA	RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total		17	Minus	** 6	90	= /	X\$ 9=			OR	X\$18=	
	Independent . 2			Minus	***	4	=	X43=			OR	X86=	
<u> </u>	FIMST PHESI	ENIAL	ION OF M	JUIPLE DE	CTIPLE DEPENDENT (+145=	1	/-	OR	+290=	<u> </u>
	1 /	•		•	•			TOTA	w/			TOTAL	
1	19/08	(Co	olumn 1)	•	(Colum	n 2)	(Column 3)	ADDIT. FE	E L		OR,	ADDIT. FEE	L
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT			HIGHE NUMB PREVIOU PAID F	ST ER JSLY	PRESENT EXTRA	RATE	•	ADDI- IONAL FEE		RATE	ADDI- TIONAL FEE
	Total '		16	Minus		10.		X\$ 9=			OR	X\$18=	
	Independent	*	2	Minus	444	4	Ξ	X43=	1		ŀ	X86=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM											OR		
							• •	+145=	_		OR	+290=	.;
				•				ADDIT. FE	בו		OR A	TOTAL DOIT. FEE	
	<u></u>		lumn 1) ·		· (Column		(Column 3)		_,	<u> </u>	-		
MEN		REN	MAINING FTER NDMENT		NUMBE PREVIOU 'PAID FO	R	PRESENT EXTRA	RATE	TI	ONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	٠.	Minus ·	drát		=	X\$ 9=	1		OR	X\$18=	
			Minus			=	X43=	†		.	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM										OR -	^00=	
• 11	If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR L	+290=	·
-	the "Highest Number Previously Paid For IN THIS SPACE is less than 20, enter "20."											TOTAL DOTT, FEE	
· T	The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ADDIT. FEE												

Application or Docket Number